



Congressman Kenny Marchant, District 24

Immigration Casework Request Form

Date: _____ Name: _____
First Middle Last

Address: _____ Zip: _____

Date of Birth: _____ Country of Birth: _____

Home # _____ Cell# _____ Email _____

Name of Beneficiary: _____

Date of Birth: _____ Country of Birth: _____

Type of application filed: _____ Alien ID # _____

Date application was filed: _____ Interview date _____

Receipt Number _____ Type of visa used to enter U.S.: _____

U.S. Embassy handling your case: _____ Priority date: _____

Please answer all that apply to you.

Have you contacted your Senator's office about this case? _____

Do you have an attorney handling this case? _____

Do you have any pending issues with the IRS? _____

Have you been charged of any crimes while residing in the U.S.? _____

Have you changed your address in the past 6 months? _____

Have you been notified that your name is pending an FBI name check? _____

Have you petitioned for any relatives to live in the U.S. permanently? _____

If you answered yes to any of the above questions, please provide a detailed explanation.

I understand that by requesting assistance of Congressman Marchant and his staff I am obligated to provide true and correct information regarding my situation. Failure to disclose all information or any deliberate attempt to mislead Congressman Marchant or his staff may result in the discontinuance of assistance.

Signature

Date



Congressman Kenny Marchant 24th District of Texas

District Office

9901 E. Valley Ranch Pkwy
Suite 3035
Irving, TX 75063
Phone- 972-556-0162
Fax- 972-409-9704

Washington Office

501 Cannon Building
Washington, DC 20515
Phone- 202-225-6605
Fax- 202-225-0074

Congressional Inquiry Privacy Release Form

The Privacy Act of 1974 prevents agencies from releasing information about you to anyone without your written consent. Therefore, Congressman Marchant must have your written authorization before he can open an inquiry on your behalf.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Marchant or any authorized member of his staff until this matter is resolved.

Signature

Date

me (please print legibly) Na

Address

City/State

Zip

(_____)_____
Telephone Number

(_____)_____
Alternate Number

Social Security Number

Date of Birth

Alien ID Number

Honesty Policy

I understand that by requesting assistance of Congressman Marchant and his staff I am obligated to provide true and correct information regarding my situation. Failure to disclose all information or any deliberate attempt to mislead Congressman Marchant or his staff may result in the discontinuance of assistance.

Signature

Date